Surgery for Male Incontinence

Surgery may be considered if all conservative measures have been exhausted and failed and depending on the stage of prostate cancer.

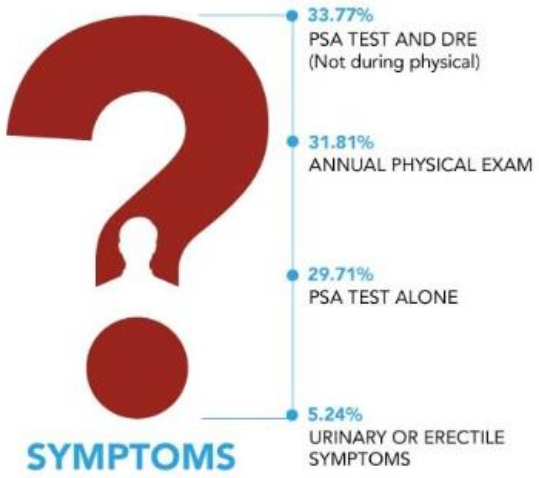
Prostate Cancer- the most common reason for surgery

During the early stages of prostate cancer, there are no symptoms. That's why screenings and yearly check-ups are critically important in catching cancer early, before it spreads outside the prostate. Most prostate cancer is only found as a result of prostate cancer screening tests, such as a **Prostate Specific Antigen (PSA) test** and **a Digital Rectal Exam (DRE).** Many prostate cancer symptoms are very similar to benign prostatic hyperplasia (BHP), prostatitis, erectile dysfunction, or overactive bladder, so screening for the disease is the best way to detect cancer. If the results of a PSA test and DRE suggest a client may have prostate cancer a trans-rectal **ultrasound and a prostate biopsy** may be conducted to confirm diagnosis (1)

A survey conducted by **zerocancer.org in the USA** asked men how they learned they had prostate cancer. Findings were:

- Only **5.24%** learned they had prostate cancer because of urinary or erectile symptoms
- **94%** learnt about their diagnosis from an early detection screening test (1)

The image below shows how diagnosis was determined for those in the survey (1)



SURGERY options for different types of male incontinence

Prostatectomy (TURP- Transurethral resection of the prostate)

Overflow incontinence can be caused by a restricted flow. Overflow incontinence refers to a constant or erratic urine flow. It occurs when the bladder is unable to empty properly, resulting in frequent leakage of small amounts of urine, often day and night. A prostatectomy is the most common surgery for an enlarged prostate. (2)

Urge incontinence can also be caused by prostate disease. The prevalence is fairly low in younger males and increases to 30% for those aged 70 -84 and 50% for those 85 years and over (3)

Sling Surgery

Stress Incontinence can be the result of a weakened pelvic floor muscles either before or after prostate surgery. If the muscle is weak the ability to 'hang on' can be compromised and leakage occurs. If exercises fail to improve the condition, "Sling" surgery may be an option. The procedure involves inserting a "sling" (either artificial or created from the patient's own tissue) to assist with the support of the urethra (4)

Artificial Sphincter

This may be inserted as part of a "Sling" procedure to treat **stress incontinence**. Although this requires the person to then manually release the sphincter by applying pressure to a device underneath the skin, success in restoring control is typically excellent. (5) More information on this procedure is on the Australian Urology Associates Website.

Augmentation of the bladder

Urge incontinence (overactive bladder) can be treated by augmenting the bladder (to make it larger). This is a rare approach as bladder retraining and medication are usually effective treatments. If the surgery is deemed appropriate, it involves sewing a 'patch' of tissue taken from the bowel or stomach into the bladder to make it larger.

Post-operative Incontinence

Post Prostatectomy

When a cancerous prostate gland is removed, it's not uncommon for there to be some damage to nerves and the urethral sphincter. This ring of muscle's is usually clenched. If it is damaged, the ability to hold urine within the bladder can be compromised, causing **an "after" dribble** and/or **stress incontinence** in men.

Post Radiation Treatment

Urge incontinence/overactive bladder can also occur post radiation treatment for prostate/ pelvic cancer. As well as targeting and destroying cancer cells, radiation can alter the density and elasticity of other tissue. It can also irritate the bladder, causing the muscle walls to involuntarily contract, unexpectedly and suddenly causing urge incontinence.

Factors for clients to consider if they are contemplating surgery

What are the risks of the operation being considered?
Aside from the general risks such as infection or bleeding clients need to understand all the possible outcomes. *Erectile dysfunction can be common.*

What are the non-surgical options?
Clients should be advised to explore all conservative measures prior to undertaking surgery, unless otherwise directed by their Specialist.

How effective will surgery be?
Before men commit to surgery, they need to check with their surgeon that all conservative options have been exhausted. Operations shouldn't be viewed as a quick and easy fix. Incontinence can often be improved with lifestyle changes, pelvic floor exercises, bladder retraining or medication, which should always be undertaken as first line management. Surgery does not always resolve continence issues.

What to expect?

Men need to be fully informed of risks, pre and post op care, and possible complications prior to surgery.

Common questions you could advise them to ask their surgeon (encourage clients to write a list of questions so they don't forget them in a surgeon consultation)

- do I need to undertake pre-operation preparation?
- when do I meet with the anaesthetist?
- discuss with surgeon other health issues that may impact on surgery
- how long will I be in the hospital?
- will I need a catheter after surgery, and if so for how long?
- how long is the recovery period?
- when can I go return to work?
- when can I resume intercourse?
- when can I drive post op?

Discuss the possibility of erectile dysfunction post- op

Erectile dysfunction can occur post prostate surgery. It is also more common as men age also. Degrees of erectile dysfunction can be an issue following radical prostatectomy. For more information, see here:
http://urology.jhu.edu/erectileDysfunction/erectile_dysfunctions_RP.php
https://andrologyaustralia.org/sexual-difficulties/erectile-dysfunction/ OR
https://www.continence.org.au/pages/sexuality-men.html

How much will it cost?

Make sure your clients understand all the costs involved, what's covered by **Medicare (Australia) or PHO (New Zealand)** and how much they'll be out of pocket? Advise your client/patient to ask their surgeon if they'll need physiotherapy or other allied health services after the operation and how much are the costs?

- **The Australian Government** website has useful information https://www.healthdirect.gov.au/questions-to-ask-before-surgery
- **The New Zealand Government** website also: https://www.health.govt.nz/your-health

NON- SURGICAL treatments for prostate cancer could include the following: radiation therapy, cryotherapy, hormone therapy, immunotherapy, chemotherapy or ultrasound. Follow this link here for more information https://zerocancer.org/learn/current-patients/types-of-treatment/

Surgery is a big decision, and for some men, it can be positively life-changing and life-saving. Just make sure that if your client is considering it, that they have all the information they need to make an informed decision.

References

1. https://zerocancer.org/learn/current-patients/types-of-treatment/
2. https://www.continence.org.au/pages/continence-management-following-prostate-surgery.html
3. Australian Institute of Health and Welfare Report 2006
4. https://aua.com.au/urological-conditions-and-our-expertise/general-urology/incontinence/male-urinary-incontinence/male-sling-surgery/
5. http://urology.jhu.edu/erectileDysfunction/erectile_dysfunctions_RP.php